

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>01-009</u>	2. STATE:
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 1861(ss)(a)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE September 1, 2001	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 4454 of BBA; 1902(a) SSA	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 8 and 9 Attachment 3.1 A " 3.1 B	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Pages 8 and 9 Attachment 3.1 A " 3.1 B

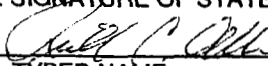
10. SUBJECT OF AMENDMENT:

Coverage of Religious Nonmedical Health Care Institutions


11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
CMS Transmittal 01 - 02

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Jeanette Hensley, Manager Acute Care Benefits Section 1575 Sherman Street, 5th Floor Denver, CO 80203
13. TYPED NAME: Richard Allen	
14. TITLE: Director, Office of Medical Assistance	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 17, 2001	18. DATE APPROVED: September 25, 2001
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2001	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: James K. Brown	22. TITLE: Acting Assistant Regional Administrator
23. REMARKS: FORWARDED: Handcarried September 19, 2001	

State/Territory: _____

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Reserved

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

* Description provided on attachment

TN No. 01-009

Supersedes

TN No. 92-3

Approval Date 10/25/01 Effective Date 09/01/01

State/Territory: _____
AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NONE

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.)

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

- b. Transportation.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

- b. Services provided in Religious Nonmedical Health Care Institutions.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

- c. Reserved

- d. Nursing facility services for patients under 21 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

- e. Emergency hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

* Description provided on attachment

TN No. 01-009

Supersedes

TN No. 87-13

Approval Date 10/25/01 Effective Date 09/01/01